

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp <b>RECEIVED</b> 2026 MAR 24 AM 11:32	California Form <b>802</b> For Official Use Only
City of Fresno			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) CITY CLERK'S OFFICE Date of Original Filing: _____ (month, day, year)	
Office of the Mayor			
Designated Agency Contact (Name, Title)			
Krystal Rios			
Area Code/Phone Number	E-mail		
559-621-8000	mayor@fresno.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 50.00

Event Description: Central Valley Business Awards Date(s) 12 / 09 / 25  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: The Business Journal  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

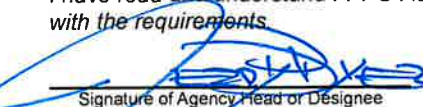
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dyer, Jerry	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Guest Speaker
Ramirez, Fabiola	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Staffed the Mayor
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*


 \_\_\_\_\_ Jerry P. Dyer \_\_\_\_\_ Mayor \_\_\_\_\_ 03/23/2026  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_